

TO: US EPA - Region II
Air Compliance Branch
290 Broadway, 21st Floor
New York, NY 10007-1866

PROJECT: 16- 675-
Demo of Administration Building and Ancillary
Structures

RE: EPA Notification - Revision 1

We are sending the following:

ITEM#	DOCUMENT	COPIES	STATUS	REMARKS
1	EPA Notification – Revised	2	SENT	
2	Self-Addressed Envelope	1	SENT	

Submitted For:

- ☐ Approval
- ☒ Your Use
- ☐ As Requested
- ☐ Review & Comment
- ☐ Document Request

Action Taken:

- ☐ Approved As Submitted
- ☐ Approved As Noted
- ☐ Return After Loan
- ☐ Resubmit
- ☐ Submit
- ☐ Returned
- ☐ Returned For Corrections

Additional Notes: Please mark one copy "RECEIVED" and return in the self-addressed envelope.

Copy To:



Kris Dunaway
Project Manager

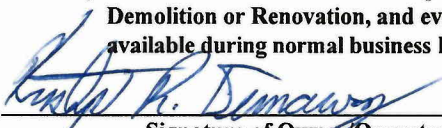
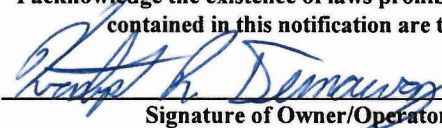
U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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Operator Project # 16-675	Postmark	Date Received	Notification #				
I. Type of Notification (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled							
II. Facility Description Building Name: Exterior Water Tank Address: 2153 Lockport-Olcott Rd. City: Burt State: NY Zip Code: 14028 County: Niagara Site Location : Exterior Water Tank Building Size (square feet): N/A # of Floors: 0 Age in Years: 50 +/- Present Use: Not in Use Prior Use: Not in Use							
III. Type of Operation (check one): <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
V. Facility Information Owner Name: Akzo-Nobel Functional Chemicals, LLC. Address: 2153 Lockport-Olcott Rd. City: Burt State: New York Zip Code: 14028 Contact: Tom Madjek Telephone: (716) 778-8554 Fax: Removal Contractor Name: Mark Cerrone, Inc. #29422 Address: PO Box 3009 City: Niagara Falls State: NY Zip Code: 14304 Contact: Mike Bull Telephone: (716) 282-5244 Fax: (716) 282-5245 Other Operator (demolition/general): Address: City: State: Zip Code: Contact: Telephone: () Fax:							
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:							
VII. Approximate Amount of Asbestos Materials:							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)	230		1				
Facility Components (cubic feet)							
VIII. Scheduled Dates Demolition or Renovation:		Start: 10/18/16		Complete: 10/28/16			
IX. Dates for Asbestos Removal (MM/DD/YY)		Start: 10/18/16		Complete: 10/28/16			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	6am-12am	6am-12am	6am-12am	6am-12am	6am-12am		

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:	Wet Methods	
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:	Respirators, Decontamination Unit	
XII.	Waste Transporter #1	Name: <u>Mark Cerrone, Inc.</u> Address: <u>P.O. Box 3009</u> City: <u>Niagara Falls</u> State: <u>New York</u> Zip Code: <u>14304</u> Contact: <u>George Churakos</u> Telephone: <u>(716) 282-5244</u>	
	Waste Transporter #2	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____	
XIII.	Waste Disposal	Name: <u>Allied/BFI Waste Systems</u> Address: <u>5600 Niagara Falls Blvd.</u> City: <u>Niagara Falls</u> State: <u>New York</u> Zip Code: <u>14304</u> Contact: <u>George Vogel</u> Telephone: <u>(716) 285-3344</u>	
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: _____ 2. Description of the Sudden, Unexpected Event: _____ 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____		
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. Notify owner, regulate area, test suspected material, clean up accordingly.		
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 10/13/16 _____ Date </div> <div style="width: 40%; text-align: center;"> Kris Dunaway, Project Manager _____ Type or Print Name and Title </div> </div>		
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">  _____ Signature of Owner/Operator </div> <div style="width: 15%; text-align: center;"> 10/13/16 _____ Date </div> <div style="width: 40%; text-align: center;"> Kris Dunaway, Project Manager _____ Type or Print Name and Title </div> </div>		